

OFFICE OF LEGISLATIVE COUNSEL

GEORGIA GENERAL ASSEMBLY

NOTICE OF ATTORNEY POSITION

The Office of Legislative Counsel is accepting applications for a position as staff attorney. Primary responsibilities include drafting legislation, counseling legislators and legislative committees, preparing legal opinions on statutory interpretation and constitutionality, and performing legal research. State Bar of Georgia membership and J.D. degree from ABA accredited law school are required (will consider well-qualified candidate contingent upon passage of the Georgia State Bar examination). Excellent legal writing skills are necessary; teamwork along with interpersonal and time management skills also are essential. As this position may include drafting legislation in the areas of education, health, and insurance, in your application please indicate any background or interest you may have in these subject areas. This position requires the ability to work in a fast-paced environment and for extended hours during legislative sessions. Full-time position with benefits; salary commensurate with qualifications.

For information about the Office of Legislative Counsel, please see the office's [website](#). Please note that the Office of Legislative Counsel is prohibited from "employing persons related to members of the General Assembly or Executive or Judicial officials, or persons actively identified with a political faction."

To apply: Download and complete the Application for Attorney form from the office [website](#) and submit with supporting documentation to [LegCounsel@legis.ga.gov](mailto:LegCounsel@legis.ga.gov). Please type "Application for Employment - Attorney Position" in the subject line and attach all supporting documents required by the application.

Alternatively, the completed application and supporting documents may be printed and mailed to:

Office of Legislative Counsel

Attn: Attorney Position

316 State Capitol, SW

Atlanta, GA 30334-1140

Applications submitted through other channels will not be considered. Applications will be accepted until the position is filled. A successful applicant will be required to submit to a criminal history check.

OFFICE OF LEGISLATIVE COUNSEL

316 STATE CAPITOL

Atlanta, Georgia 30334

404-656-5000

LegCounsel@legis.ga.gov

SUCCESSFUL APPLICANTS WILL BE SUBJECT TO CRIMINAL BACKGROUND CHECKS

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PLEASE TYPE IN BOX		PERSONAL DATA		ATTACH ADDITIONAL SHEETS AS NECESSARY	
Last Name		First	Middle	LEAVE BLANK; FOR OFFICE USE ONLY	
Apt. No.	Street Address	City	County	State	ZIP Code
Telephone (Daytime)		Mailing address if different from above		Email Address	
		List all names you have used, including nicknames			
Are you a member of any bar? Yes No		Date of Admission to GA Bar		Georgia Bar Number	
List other states where admitted to the bar and the date of admission				Work Availability Date	
If you are not yet admitted to the Georgia Bar, what date will your Georgia bar exam results be available?					
GOVERNMENT EMPLOYMENT					
Have you ever been dismissed from any government position? If yes, attach a detailed explanation. Yes No			If you have previously applied with the Georgia General Assembly using a different name, please state that name.		
Have you ever been employed by the State of Georgia or other government entity? If YES complete the following:			Yes No		
Job Title	Name of Supervisor	Inclusive Dates (mm/yyyy)	Office		
		to			
Do any of your relatives work for the State of Georgia? Yes No			If YES complete the following:		
Last Name	First	Middle	Relationship	Office	
EDUCATION					
If you graduated from law school <b>less than 3 years ago</b> , please attach a copy of your law school transcripts and provide your LSAT score:					
Name and location of Colleges or Universities attended	Field of Study/Areas of Concentration Major Minor		DEGREE	GPA	Date Awarded
Undergraduate School					
Graduate School					
Law School					
State your undergraduate and law school class honors and activities.					
If while in law school you were expelled, reprimanded, cited for an honor violation, or otherwise disciplined, please attach a detailed explanation.					

## LEGAL BACKGROUND - PRACTICING ATTORNEYS

1. Please describe the general character of your current practice and any legal specialties you possess.
  
  
  
  
  
  
  
  
  
  
2. Please summarize your experience in drafting contracts, briefs, pleadings, motions, or other legal documents during the course of your practice.
  
  
  
  
  
  
  
  
  
  
3. Please briefly describe your experience in the handling of cases or other client matters during the course of your legal career. Also indicate whether you have been sole, associate, or chief counsel in such matters.
  
  
  
  
  
  
  
  
  
  
4. Please summarize your legal experience in any significant areas not otherwise addressed above.
  
  
  
  
  
  
  
  
  
  
5. Have you had any legal articles or books published? If so, please list them, giving the citations and dates.
  
  
  
  
  
  
  
  
  
  
6. List all bar associations and professional societies of which you are a current member, along with any offices which you currently hold or have held.
  
  
  
  
  
  
  
  
  
  
7. List all bar associations or professional societies in which you have previously been active, but are no longer a member of, if such membership included a leadership role.
  
  
  
  
  
  
  
  
  
  
8. Have you ever been disciplined, cited, or otherwise sanctioned for a breach of ethics or unprofessional conduct by any court, administrative agency, bar association, disciplinary commission, or other professional group?      Yes      No      If so, please give the particulars.

9. Please submit two writing samples evidencing work which you have personally performed while practicing law. Attached:

**MILITARY SERVICE**

Active Armed Forces Service	Rank	Inclusive Periods of Active Service		Reserve Status
Army      Air Force		From (month/year)	To (month/year)	
Navy      Marines				
Other: specify				
Type of Discharge: <span style="float: right;">If other than honorable, attach a detailed explanation.</span>				

**REFERENCES**

If you graduated from law school more than a year ago and have been in practice, list three attorneys not associated with you, or judges, who can give a professional reference as to your legal abilities.		If you have not yet graduated or have graduated from law school less than a year ago, or have not been practicing law, you may list as your references any individual unrelated to you who has known you personally, professionally or academically for at least two years.			
Name	Address	City	State	ZIP Code	Telephone No.

**COURT RECORD**

Have you ever been arrested, charged, and sentenced for the commission of any felony, or any crime involving moral turpitude, where: (a) first offender treatment without adjudication of guilt pursuant to the charge was granted; or (b) an adjudication of guilt or sentence was otherwise withheld or not entered on the charge, except with respect to a plea of nolo contendere?    Yes    No    If Yes, attach a detailed explanation.

Have you ever been convicted or entered a plea of nolo contendere, or are there any charges now pending against you by federal, state, or other law enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$100.00 or less was imposed or would likely be imposed. All other convictions and pleas of nolo contendere must be included even if they are pardoned.)    Yes    No    If Yes, provide the following:

**CONVICTIONS AND PLEAS OF NOLO CONTENDERE**

Charge	Date	Name of Court and Place	Pardoned
			Yes    No
			Yes    No
			Yes    No

**CHARGES PENDING**

Violation Charged	Name of Government	Name of Court & Location Where Pending

## EMPLOYMENT HISTORY

Describe your employment history beginning with your current or most recent job, including volunteer experience. If you worked for the same employer but at various times held different jobs, describe each separately. Please describe in detail the specific duties beginning with your primary duties. If desired you may attach a resume to provide additional information.

Current or Last Employer					Address				
Job Title		From (mm/yyyy)		To		May we contact employer as a reference? Yes                      No			
Hours Per Week	Starting Salary		Ending Salary		Name of Supervisor			Reason for Leaving	
Description of Duties									
Employer					Address				
Job Title		From (mm/yyyy)		To		May we contact employer as a reference? Yes                      No			
Hours Per Week	Starting Salary		Ending Salary		Name of Supervisor			Reason for Leaving	
Description of Duties									
Employer					Address				
Job Title		From (mm/yyyy)		To		May we contact employer as a reference? Yes                      No			
Hours Per Week	Starting Salary		Ending Salary		Name of Supervisor			Reason for Leaving	
Description of Duties									
Employer					Address				
Job Title		From (mm/yyyy)		To		May we contact employer as a reference? Yes                      No			
Hours Per Week	Starting Salary		Ending Salary		Name of Supervisor			Reason for Leaving	
Description of Duties									

Employer				Address			
Job Title		From (mm/yyyy)		To		May we contact employer as a reference? Yes                      No	
Hours Per Week	Starting Salary		Ending Salary		Name of Supervisor		Reason for Leaving
Description of Duties							

  

Employer				Address			
Job Title		From(mm/yyyy)		To		May we contact employer as a reference? Yes                      No	
Hours Per Week	Starting Salary		Ending Salary		Name of Supervisor		Reason for Leaving
Description of Duties							

  

Employer				Address			
Job Title		From (mm/yyyy)		To		May we contact employer as a reference? Yes                      No	
Hours Per Week	Starting Salary		Ending Salary		Name of Supervisor		Reason for Leaving
Description of Duties							

  

Employer				Address			
Job Title		From(mm/yyyy)		To		May we contact employer as a reference? Yes                      No	
Hours Per Week	Starting Salary		Ending Salary		Name of Supervisor		Reason for Leaving
Description of Duties							

PLACES OF RESIDENCE						
Please list the address of each place where you have lived during the past five years						
Inclusive Dates		Apt No.	Street Address	City	State	ZIP Code
From	To					

1. I hereby certify that:

I am not related by blood or marriage to a member or employee of the Georgia General Assembly or a lobbyist registered to appear before the Georgia General Assembly.

I am related by blood or marriage to a member or employee of the Georgia General Assembly or a lobbyist registered to appear before the Georgia General Assembly as described below:

2.

I understand that employment in this position requires an employee to be impartial and non-partisan and that any active role in a political organization is prohibited.

CERTIFICATION	
<p>By my signature, I hereby certify that the statements made in this application for employment and on the attachments to this application are true and complete to the best of my knowledge and are made under the penalties of false statement. I authorize the Office of Legislative Counsel and its employees and agents to verify this information.</p> <p>*For purposes of this application, entering your full legal name upon the signature line shall be considered your electronic signature.</p> <div style="text-align: right; margin-top: 20px;"> <div style="display: inline-block; width: 60%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: inline-block; width: 35%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Signature of Applicant</span> <span>Date</span> </div>	